



RENEWAL APPLICATION
MIDWIFE APPRENTICE

**MONTANA BOARD OF:
ALTERNATIVE HEALTH CARE
301 S PARK, PO BOX 200513
HELENA MT 59620-0513
(406) 841-2394**

LICENSE NO. _____

RENEW DATE _____

STATUS: _____

ADDRESS CORRECTIONS ONLY:

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP/COUNTRY: _____

NAME: _____

ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

Your Montana Direct-Entry Midwife Apprentice license will expire on April 30.

In order to renew your license:

- 1) Complete the renewal application.
- 2) Complete the CPR attest statement and expiration date below.
- 3) Answer the disciplinary question at the bottom of the form.
- 4) Submit a check or money order for \$200.00 made payable to the Board of Alternative Health Care. Do not send cash.
- 5) Renewals with an U.S. Postal Service postmark after April 30th will be assessed a penalty fee by state law of \$100, increasing the total to \$300. NO EXCEPTIONS!
- 6) Sign the renewal application.
- 7) Return the renewal application and fee to the Board office postmarked by April 30th.

CPR REQUIREMENT:

I have a current and unexpired CPR card. I am aware that I cannot practice without this current card, and I hold myself responsible for fulfilling this requirement. CPR Expiration Date: _____

I declare under penalty of perjury that the above statement is true. I am aware that a false statement may lead to license discipline. Incomplete or unsigned renewal applications will not be processed and will be returned.

LEGISLATION PASSED IN THE 2005 SESSION PROVIDES THAT A LICENSEE HAS 45 DAYS TO RENEW HIS/HER LICENSE BY PAYING THE LATE FEE. ANYONE RENEWING 46 DAYS OR MORE AFTER THE APRIL 30 DEADLINE DATE, MAY HAVE A COMPLAINT FILE OPENED AND THE POSSIBILITY OF UNLICENSED PRACTICE MAY BE ADDRESSED BY THE BOARDS DISCIPLINARY SCREENING PANEL.

Yes ___ No ___ Have any legal or disciplinary actions been instituted against you since your renewal? If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec. 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

Your signature: _____ Date: _____

DO NOT SEND CASH